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ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 233

Registrar's No. 27

1. Place of Death: (a) County Navajo (b) City or Town Holbrook (c) Location Home of Son
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 32 mo; In Community 60 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Apache; (c) City or Town Holbrook
(If outside city limits write RURAL)
(d) Street No. 10120 (e) If foreign born, in U. S. A. None yrs.
3. (a) FULL NAME James Thomas Berry (b) If veteran name war None (c) Social Security No. None
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband Sarah Roney 6. (c) Age of husband 41 yrs.
or wife, if alive

7. Birthdate of deceased Mar. 22nd 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 5 If less than one day
hrs. None min. None

9. Birthplace Spanish Fork, Utah
(City, town or county) (State or Country)

10. Usual Occupation Rancher

11. Industry or Business None

12. Name John W. Berry

13. Birthplace Tennessee
(City, town or county) (State or Country)

14. Maiden Name Thomas

15. Birthplace Do not know
(City, town or county) (State or Country)

16. (a) Informant's own signature J. W. Berry

(b) Address Holbrook, Ariz

17. (a) Burial, Cremation or Removal Removal

(b) Place St. John's Ch. (c) Date Dec 27th 1941

18. (a) Embalmer's Signature Family

(b) Funeral Director Family

(c) Address Family

19. (a) 12-27-41
(Date received local Registrar)

(b) Rosemary Wilson
(Registrar's Signature)

6M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 27th 1941
TIME (Hour and minute) 4:30 A. M.

21. I hereby certify that I attended the deceased from 10/20, 1941 to 12/24, 1941;
that I last saw him alive on 12/24, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of stomach
& duodenal ulcers

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION

7 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) None

(b) Date of occurrence Dec 27th 1941

(c) Where did injury occur? Home (City or Town) Apache (County) Arizona (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? None (e) Means of injury None

23. Signature H. W. Wilson (M.D.)
Address Holbrook, Ariz Date signed 12/27/1941